



Birmingham  
Accident Hospital  
and  
Rehabilitation Centre

Bath Row, Birmingham 15

---

THIRD  
ANNUAL REPORT

for the

Year ended 31st December, 1943

*Opened 1st April, 1941*

LIBRARY
Ann Kcp
WX28
.BE5
B61B61
1943

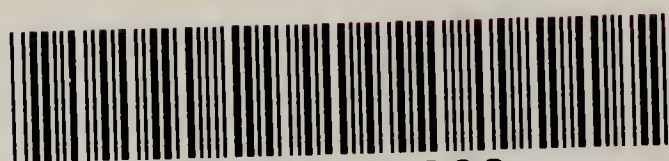
## NAMING OF BEDS

---

On the payment of

**£1,250**

a Bed may be dedicated to the memory  
of any person nominated by the Donor.



22501683906

# Birmingham Accident Hospital

## THE BOARD OF MANAGEMENT

### President :

THE RIGHT WORSHIPFUL THE LORD MAYOR OF THE CITY OF BIRMINGHAM  
(ALDERMAN L. G. H. ALLDRIDGE, J.P.).

### Chairman :

*Body Represented :*

COUNCILLOR C. G. SPRAGG, J.P. (*g h f m*) . . . Birmingham Trades Council.

### Honorary Treasurer :

W. L. BARROWS, F.C.A. (*g h f m*).

### Honorary Solicitor :

CHARLES KEELING (*g h f m*).

JOHN H. ALLEN, J.P. ( <i>g h f m</i> ) . . . . .	Birmingham Chamber of Commerce.
H. BAKER ( <i>f</i> ) . . . . .	Birmingham Trades Council.
PROF. SEYMOUR BARLING, C.M.G., M.S., Ch.M., F.R.C.S. ( <i>g h m</i> ) . . . . .	Birmingham United Hospital.
A. S. BARNFIELD, O.B.E. ( <i>f</i> ) . . . . .	
C. BATCHELOR ( <i>f</i> ) . . . . .	Birmingham United Hospital.
COUNCILLOR A. F. BRADBEER ( <i>f</i> ) . . . . .	Birmingham City Council.
J. A. BROWN, M.D. ( <i>m</i> ) . . . . .	British Medical Association (Birmingham Branch).
MATTHEW BURN, M.C., M.M., F.R.C.P.E. (Deputy Medical Officer of Health) ( <i>g m</i> ) . . . . .	Birmingham City Council.
ALBERT CARTER, J.P., N.R.D. ( <i>f h</i> ) . . . . .	Birmingham Jewellers' and Silversmiths' Association.
COUNCILLOR MRS. G. F. CLARKE, J.P. ( <i>h</i> ) . . . . .	Birmingham City Council.
PROF. P. C. P. CLOAKE, M.D., F.R.C.P. ( <i>m</i> ) . . . . .	Faculty of Medicine at the University of Birmingham.
F. VINCENT EVERARD, M.I.Mech.E. ( <i>m g f</i> ) . . . . .	Engineering and Allied Employers' Association (Birmingham, Wolverhampton and Staffordshire Districts).
COL. SIR B. J. T. FORD, T.D., D.L., LL.D., F.C.A. ( <i>f g</i> ) . . . . .	Birmingham Hospitals Contributory Association.
MRS. H. W. GOSLING ( <i>h f</i> ) . . . . .	Birmingham United Hospital.
J. J. GRACIE, M.I.E.E. ( <i>g</i> ) . . . . .	
COUNCILLOR W. H. GRIGGS, F.C.I.S. ( <i>h</i> ) . . . . .	Birmingham City Council.
COUNCILLOR V. W. GROSVENOR, J.P., LL.B., F.S.A.A. ( <i>g f</i> ) . . . . .	Birmingham City Council.
G. HAYNES, J.P. ( <i>g h</i> ) . . . . .	Birmingham Trades Council.
H. E. JACKSON ( <i>g</i> ) . . . . .	
G. C. KING, F.S.A.A. . . . .	Birmingham Hospitals Contributory Association.
J. B. LEATHER, M.A., M.B., B.C., F.R.C.S. ( <i>m</i> ) . . . . .	Birmingham United Hospital.
L. P. LORD ( <i>g</i> ) . . . . .	
N. G. MARR, M.B., Ch.B. ( <i>h m</i> ) . . . . .	Association of Industrial Medical Officers
H. C. R. MULLENS . . . . .	Federation of British Industries.
T. C. PEARSON, J.P. ( <i>h</i> ) . . . . .	Birmingham Trades Council.
T. H. PRUST, J.P. ( <i>f</i> ) . . . . .	Birmingham Hospital Saturday Fund.
C. E. PURSLOW, M.D., M.R.C.P. ( <i>h m</i> ) . . . . .	Birmingham United Hospital.
H. S. SAVAGE, M.D. ( <i>m</i> ) . . . . .	Birmingham Panel Committee.
A. SIMMONS ( <i>h</i> ) . . . . .	Birmingham Hospital Saturday Fund.
A. J. G. SMOUT, J.P. ( <i>g</i> ) . . . . .	Federation of British Industries.
DONALD STEWART, M.D., F.R.C.P.E. ( <i>g m</i> ) . . . . .	
E. MUSGRAVE WOODMAN, M.S., F.R.C.S. ( <i>g f m</i> ) . . . . .	

*g*—General Purposes Committee. *h*—House Committee. *f*—Finance Committee. *m*—Medical Committee.

## MEDICAL STAFF

### Surgeon-in-Chief and Clinical Director :

WM. GISSANE, M.B., Ch.M. (Sydney), F.R.C.S. (Eng. and Edin.).

### Surgeon and Deputy Clinical Director :

F. G. BADGER, B.Sc., F.R.C.S. (Edin.).

### First Assistant Surgeon :

T. W. HOWAT, L.R.C.P., L.R.C.S., L.R.F.P.S.G.

### Senior Anaesthetist :

L. J. WOLFSON, M.B., B.S. (Lond.), L.R.C.P., D.A.

### Anaesthetist :

MRS. W. G. MILLS, M.B., Ch.B. (Birm.), L.R.C.P., D.A.

### One Resident Surgical Officer.

### Four House Surgeons.

### Consultants :

*Bacteriology* : PROF. J. F. D. SHREWSBURY, M.D., D.P.H. (Liverpool).

*Radiology* : J. F. BRAILSFORD, M.D., Ph.D. (Birm.), F.R.C.P.

*Rehabilitation* : J. RHAIADR JONES.

## STAFF OF MEDICAL RESEARCH COUNCIL WOUNDS INVESTIGATION UNIT

### Director :

PROF. A. A. MILES, M.A. (Cantab.), F.R.C.P. (Lond.).

### Resident Pathologist :

R. E. O. WILLIAMS, B.Sc., M.B. (Lond.)

### Research Assistant :

Miss B. CLAYTON-COOPER, B.Sc. (Birm.).

## STAFF OF MEDICAL RESEARCH COUNCIL BURNS UNIT

### Director :

COL. LEONARD COLEBROOK, M.B., B.S.

### Resident Surgical Officer :

J. McKESSAR DUNCAN, M.B., Ch.B. (Birm.).

### ONE HOUSE SURGEON.

---

## OFFICIALS

### Chaplains :

*Church of England* : (Vacant.)

*Church of England* : REV. J. F. SHREEVE, M.A.

*Free Church* : REV. F. A. THOMAS.

### Pharmacist :

Miss E. R. McNAB, M.P.S.

### Rehabilitation Officer :

Miss M. LUMSDEN, C.S.P., O.T.A.

### Almoner :

Miss H. M. CHILDS, A.I.H.A.

### Assistant Secretary :

F. G. HARTLAND, A.H.A.

### Matron :

Miss M. BONTHRON, D.N.

### Secretary :

A. A. MacIVER, C.A., F.H.A.

---

**Auditors** : MESSRS. CARTER AND CO., Chartered Accountants, Birmingham.

**Solicitors** : MESSRS. JOHNSON AND CO., Birmingham.

**Bankers** : LLOYDS BANK, LTD., New Street, Birmingham.

# **Birmingham Accident Hospital and Rehabilitation Centre.**

## **REPORT OF THE BOARD OF MANAGEMENT**

**For the Twelve Months ended 31st December,  
1943.**

The Board of Management presents its third annual report for the year ended 31st December, 1943. During this period 20,769 patients were treated in the wards and out-patient departments, in spite of the necessity to restrict numbers on account of staffing and other difficulties. Conditions in the out-patient department are makeshift during the present building alterations, but the medical and nursing staffs are now experienced in organizing for large numbers of patients. Therefore, although the Hospital has some way to go before it will be in a position to cover the Birmingham accident problem, the Board is confident that it is on the right road.

**Third  
Annual  
Report**

The work of the out-patient department has been grouped in three classes: (a) fractures and more serious type of injury, (b) injuries not involving bone damage, including infections, and (c) rehabilitation.

**Out-Patient  
Organization**

For each group of patients there is an appointments system. Individual appointments are made and this service is greatly appreciated by patients and employers. By means of the appointments system the waiting time of patients has been very much reduced, but it will be appreciated that except in a few isolated cases it is impossible to arrange appointments in advance for new patients. Accidents do not happen by appointment.

**Appoint-  
ments  
System**

The satisfactory working of an appointments system, however, depends fundamentally upon a sufficient number of medical staff and exact planning of the work of that staff, so that each doctor is in his correct place at the right time. With the present great shortage of staff there are bound to be occasional breakdowns in the system. Nevertheless, even under present conditions, the appointments system has proved to be of great value.

**Review of  
Year's  
Work**

A comparison of the figures for 1942 and 1943 is interesting :

	1942.	1943.
In-patients admitted .....	2,174	2,072
New patients .....	19,837	20,769
Casualty attendances .....	91,398	99,600
Rehabilitation Department attendances .....	31,011	46,326
Total attendances .....	122,409	145,926
Operations .....	8,123	8,039
Day Ward (short stay) Cases.....	—	2,541

During the year there has been a decrease of 102 in the number of in-patients.

This is accounted for by two facts :

- (1) A ward was temporarily taken over for out-patients during structural alterations ;
- (2) It has been found necessary to extend facilities for short stay cases at the expense of in-patient beds.

Short stay cases are patients admitted to a ward for less than twenty-four hours. Almost all require an anæsthetic, an operation, and a recovery period of several hours in bed, but not necessarily twenty-four hours. There were 2,541 such cases during the year, but for statistical purposes they are not included as in-patients. It is one of the peculiarities of an accident hospital that the short stay ward is the busiest and the most expensive—in staff requirements and actual cost—of any ward in the Hospital.

The number of new patients has increased by 932 over the previous year, and the out-patient attendances by 23,517 ; on average 477 patients attended for treatment each day. This work is being done with the same medical establishment as in the previous year. The Central Medical War Committee will not grant any increase in the establishment nor will any be asked for until the new out-patient department is ready. The present staff is dealing with as many patients as it is possible to treat, even according to war-time standards, and if the numbers are to be increased, as the Board thinks they must, then staff must also be increased. The Board is convinced that it will be an economy in medical man-power to allow this Hospital more medical staff when the splendid facilities in the new out-patient department are available.

The shortage of medical and nursing staff is the reason for delay in putting into action the Mobile Operating Unit, the gift of the Austin Motor Co., which is now ready and fully equipped for use. With insufficient medical staff in the Hospital it is not yet possible to release staff to man this Unit, which is designed for the preliminary treatment of seriously injured patients at the site of the accident.

The word "rehabilitation" has recently become **Rehabilitation** familiar, and is frequently used to convey a variety of meanings. It is therefore not surprising that when used in relation to accident surgery both its meaning and its implications are not yet fully appreciated.

Rehabilitation of a disabled person suffering from an accident is a continuous process. It commences on the day of the accident and finishes when the disabled person is again a self-supporting happy citizen, back as a useful workman with his employer.

Rehabilitation is essentially personal to each patient. Because of the personal nature of this service the organization required to rehabilitate successfully large numbers of injured patients is not easy of attainment. Commencing as it does on the day of the injury, the responsibility of the surgeon who sees the patient is greater now than in pre-rehabilitation days. He has not only to consider the immediate surgical treatment, but even at this early stage he has to plan for the man's return to full pre-accident working capacity.

The implications of this new conception of hospital treatment are very real. Approximately one-sixth of the whole hospital floor space is now in active use, or projected, to house special departments concerned in regaining full physical and mental fitness of the disabled following surgical treatment.

In these new departments work the Physiotherapists, Physical Training Instructors, Occupational Therapists and Games Instructors, and therein is housed a large quantity of special apparatus, scientifically designed to regain full working capacity to the injured. In all these departments the treating surgeons are to be found supervising this phase of their patients' recovery. Throughout treatment the personal touch is continually stressed as of vital importance, and this essential spirit can only be attained when the various members of the Hospital treatment staff work together as one co-ordinated team. With the help of these facilities the Hospital is doing much to bridge that gap which had

previously existed between the end of hospital treatment and the disabled person's return to work. Yet, in spite of the help of these new departments, the picture is not quite complete.

**Social Service  
Department**

As will be realized from the foregoing, this Hospital does not treat accidents, but *people suffering from accidents*. When the family wage-earner breaks a limb the problem for treatment goes beyond the setting of the broken bone and the strengthening of the muscles, for the accident has also caused a dislocation of the domestic, social and employment background of this citizen. The Social Service Department is that part of the Hospital treatment team which deals with this side of the accident problem.

During the last six months 1,552 patients have been interviewed and helped by this department, and this medico-social work now covers all in-patients, and its scope has been widened to help the out-patient department.

The staff increase during the year, by one Assistant Almoner (Miss G. A. Rennison) and a clerk, is not yet sufficient to deal with all the problems involved.

In the last twelve months this Social Service Department has made contacts with Medical Officers, Welfare Personnel, Industrial Nurses, and, in the small factories, the employers, with the object of ensuring by personal contact the re-settlement of the disabled at the end of Hospital treatment.

There is now also planned co-operation with the Government scheme for the resettlement of those permanently disabled who require vocational re-training in the Government Centres before their return to industry.

**Rehabilitation  
with  
Production**

To complete the full picture of rehabilitation of the disabled right back to work, and in pursuance of the personal quality of this service, the Hospital has always realized that an essential member of the team is the employer. The employer has much to offer in the full interpretation of rehabilitation, for he is the expert on work. The Hospital has something to offer, too—it is the expert on the treatment of injuries. Somewhere, it was thought, there must be a common meeting ground on which to carry out a combined operation, in which the employer and the Hospital can co-operate in the full solution of the rehabilitation problem.

With this purpose in mind an experiment has been carried out between the Hospital and the Austin Motor Company, Limited. It has now been in operation for ten months. The Austin Motor Company fitted up a workshop at their factory and placed it under the supervision of a works engineer. It is under the medical supervision of the Works Medical Officer and the Clinical Director of the Hospital. All workmen in this shop are disabled temporarily or permanently. When their treatment reaches the right stage of recovery rehabilitation methods are harnessed to production machines. The result is that rehabilitation has greatly benefited and the injured workers' production has not only helped the present national effort but is now returning the great majority of the maintenance costs of this experiment, in spite of the fact that the disabled are paid a good wage. Up to date approximately 150 disabled persons have returned to normal work after passing through this shop. All have been immediately employed in the factory proper. Up to date no worker has been returned from the factory as a failure at his job.

Some injuries have prevented men from going back to their old jobs, and these men have been re-trained and re-fitted for new ones.

For example, J.S., after discharge from the Army, became a power press operator. At this work his right hand was caught under the press. His injuries were severe. Plastic surgery saved the majority of the hand but the man was permanently unfitted for his pre-accident job. He spent three months in the rehabilitation shop, first learning to get the maximum use from the disabled hand, then learning to be a welder. He is now earning £10 a week in the factory proper as against the £6 a week he was getting before his disability.

It can be said at this stage that the scheme of a rehabilitation workshop attached directly to industry and closely co-operating with the Hospital is a success. The scheme is capable of expansion if more industrial co-operation is forthcoming. The Hospital, with its new departments, can expand to deal with the whole problem of Birmingham's injured, from the treatment and hospital rehabilitation side, and is prepared to send its surgeons out to co-operate with industry in the final rehabilitation of disabled persons on production lines. From the shop the disabled go directly back to the factory proper—the cycle of treatment is then complete.

The scheme is simple, personal and local. Owing to its simplicity it has the advantage of being capable of attending to its own breakdowns and misfits. Further, it has the advantage of fitting into the national scheme which is now before the House of Commons.

The following extract from a speech by Sir Patrick Hannon in the debate on the Disabled Persons (Employment) Bill during its second reading in the House of Commons will be of interest:

“The Hospital is giving a lead in the rehabilitation and restoration of injured and wounded men to make them fit for industry, and their work should be known throughout the length and breadth of the land. It is a particularly ambitious venture, which has received substantial support, and the success of its experiment has been remarkable. What has happened is that the Accident Hospital, under admirable control and direction, is in contact with various works, and as the process of restoration to working capacity goes on in the Hospital the men are gradually brought back into contact with the work in which they were engaged in the particular factory before their injury. Even before full capacity is reached a man may be back at work, and his work may go on side by side with the work of restoration.”

#### **Records Department**

The planning of the new clinical and medico-social records of the Hospital is now complete and will go into operation at the opening of the new department.

Progress in the reorganization of the records department includes the service of shorthand-typists to all departments. This has proved a considerable help to the medical staff by eliminating the greater part of their clerical work.

#### **Alterations**

The Board is frank in admitting its great disappointment that the new out-patient department has not been completed during the year under review. Everything possible that could be done to hasten the building and engineering work was done, but shortage of skilled labour has had its inevitable effect. The building work is almost complete, most of the electrical installation has been done, and the engineering work is progressing. Some months must elapse, however, before the job is complete.

A building licence has been granted to permit the entrance to the Hospital to be remodelled. This was

essential to ensure the safe approach to the Hospital of patients, some of whom are very unsteady as they are walking in plaster or with crutches for the first time in their lives. The scheme provides for the removal of the portico to the out-patient department. This will be especially welcomed by ambulance drivers, who had the greatest difficulty in driving underneath the portico in the black-out.

The Board is happy to announce that the gymnasium **Gymnasium** is now ready and in use. It is large and well ventilated and is fully equipped for rehabilitation. The equipment for the gymnasium and new apparatus for physiotherapy has been provided by the splendid generosity of the Hospital Saturday Fund.

The Medical Research Council Wounds Investigation **Research** Unit under Professor A. A. Miles, M.A., F.R.C.P., has continued its work during the year.

In a report of this description it is not possible to cover adequately the work of this Unit. Its object is not only to make a bacteriological study of wound infection in industry, but to find practical ways and means of reducing the incidence of wound infection with a corresponding decrease in suffering to the patients and in the period of their absence from work.

During the twelve months period 5,350 swabs from over 1,000 wounds have been studied. On the basis of this survey and with the co-operation of the Hospital clinical and nursing staff, a new technique of wound dressings has been instituted in the Hospital.

Further, the Unit has given valuable advice on the physical plans for the new out-patient dressing station. As a direct result of this work the surgical practice of the Hospital, particularly with regard to the busy out-patient dressing department, is based on sound aseptic and antiseptic principles.

The Board wishes to thank especially Professor Miles and his team for their continuous help and co-operation.

During the year Dr. Ethel Florey completed an **Penicillin** eight months research in the use of penicillin in the healing of wounds and various septic conditions. This research has proved the value of penicillin in the treatment of industrial wounds, particularly in hastening

recovery. For example, approximately 1,000 man-power days were saved in the treatment of thirty-five cases by penicillin.

Regret must be expressed, however, that penicillin is not available in sufficient supply to be used in the Hospital at present.

#### **Research in Burns**

The treatment of burns still remains a surgical problem of the first importance—both with regard to the saving of life and in preventing crippling deformities in severely-burnt limbs.

During the war much research has been carried out in this country to discover the best treatment for burns. Many problems have been solved but many still await a solution.

One of the most distinguished of the research workers in this field is Dr. Leonard Colebrook, and the Medical Research Council has again helped the Hospital by setting up a Research Unit to investigate this problem.

The Hospital is providing a new department for the treatment of patients suffering from burns, together with special laboratory facilities for the research side of the problem.

The Burns Research Unit will work in complete co-operation with the clinical staff and with the Medical Research Council Unit under Professor Miles.

The Board has high hopes that this team will go far in the solution of the outstanding problems associated with the treatment of burns.

#### **Matron**

The most important event among the nursing staff during the year was the retirement of Miss E. Bullivant, M.B.E., A.R.R.C., on 30th September. She thus severed a connection with the Hospital which had lasted from her probationer days, with the exception of a few months while training elsewhere in midwifery. She had occupied almost every post in the "Queen's Hospital" open to a nurse, and she had been Matron from June, 1919, to 31st March, 1941. On 1st April, 1941, Miss Bullivant became first Matron of this Hospital, and the Board is grateful to her for her valuable services during the two and a half years she held office. The Board extends to Miss Bullivant sincere good wishes for many well-deserved years of happy retirement. As a token of the Board's appreciation the Lord Mayor of Birmingham (Alderman L. G.

Alldridge) presented to Miss Bullivant, on the occasion of his visit to the Hospital on Christmas Eve, an arm-chair and a cheque, subscribed by members of the Board.

Miss M. Bonthron, D.N. (London), S.R.N., S.R.F.N., S.C.M. (St. Bart's), who took up her duties as Assistant Matron on 1st July, was appointed successor to Miss Bullivant. Previously Miss Bonthron was Matron of the Radcliffe Infirmary, Oxford.

Of sixteen candidates who entered for the Preliminary **Student State Examination** during the year, twelve were **Nurses** successful at the first attempt, while four failed in Part I.

Three student nurses are now continuing their training at one or other of the general hospitals in Birmingham with which the Hospital is affiliated for training of nurses. Several more nurses will transfer in the next few months.

The course in Industrial Nursing, run in collaboration with the University of Birmingham, continued to attract **Industrial Nursing Course** candidates. Three examinations were held during the year (in April, July and December), with the following results :

	<i>Entered.</i>	<i>Passed.</i>
Resident Candidates . . . . .	15	13
Non-resident Candidates ..	16	10
	—	—
	31	23
	—	—

In view of the prospective opening of other wards **St. Thomas' the number of nursing staff will be increased in the Church House** very near future. Existing accommodation in the nurses' homes is becoming short, and to provide more room the Board has leased St. Thomas' Church House, Bath Row, for a period of years. This house will be used to provide bed-sitting rooms for eight senior members of the nursing staff, but, unfortunately, it does not solve the problem of nursing accommodation.

The Board adopted the recommendations of the **Rushcliffe Rushcliffe Committee regarding salaries of nurses from Report** 1st April, 1943.

The Board feels that the public must be taken **Difficulties of Working** into its confidence with regard to some of the difficulties under which the work of the Hospital is being carried

on. Some of these are common to other hospitals, but some are peculiar to this Hospital. These are given to show why it has proved impossible yet to provide the planned full service in the treatment of accidents or to increase greatly the numbers of in-patients and out-patients :

- (1) The main out-patient building is closed and is in the hands of the builders. It is hoped the building, with all its facilities, will be ready in four or five months time. A ward is in temporary use for the out-patient department at present.
- (2) The senior surgical staff is limited to three surgeons. Other medical staff is equally limited. This limitation is imposed by the Central Medical War Committee.
- (3) Difficulties with regard to numbers of the nursing staff have been experienced. There is a serious shortage of nursing staff and the demand for trained nurses greatly exceeds the supply.
- (4) The maintenance staff has been without essential skilled men.
- (5) Staffing difficulties among skilled clerical staff have been great, and a number of experienced medical typists were taken from the Hospital.
- (6) Catering has proved very difficult. Almost without exception the patients are healthy and hungry, and to provide interesting and varied menus has proved difficult.

It is not desired to issue a catalogue, but sufficient has been said to show some of the difficulties which have to be met. The Board desires to express sympathy with the senior officials who have to meet the day-to-day problems without stability of staff and indeed hardly daring to plan a day ahead.

Nevertheless, in spite of the aforementioned difficulties, the Board is abundantly satisfied that the foundation of the Hospital in midst of a war of world-wide dimensions was justified by the valuable services being rendered to the workers injured in the industrial front line. No hospital could be founded in less propitious circumstances, but it has succeeded in establishing itself and, indeed, is making hospital history.

#### Finance

An encouraging feature of the Hospital's finances during the year has been the continuing—in fact, the increased—support from industry. In 1943 no fewer

than 927 firms in Birmingham subscribed a total of £17,958. Subscriptions from private persons, etc., amounted to £2,463 (including £1,073 from the Sunday Cinema Charitable Fund). In view of the fact that approximately 15 per cent of the patients are treated free, the Hospital must look to private subscribers for more support. It is hoped, therefore, that private contributions will increase.

Maintenance expenditure for 1943 amounted to £61,029, which was slightly less than the amount budgeted for. Income, including £10,000 from the City of Birmingham, amounted to £56,937. The result for 1943 is an excess of ordinary expenditure over ordinary income of £4,092. After charging extraordinary expenditure of £298 and taking credit for an adjustment of the amount receivable from the Ministry of Health for 1942, the figure to be added to the accumulated deficit is £312.

The thanks of the Board are extended to the Corporation of the City of Birmingham, Industry, the Birmingham Hospitals Contributory Association, the Hospital Saturday Fund, and private subscribers for their magnificent support.

For 1944 the budgeted expenditure is approximately £72,000. The increase is due mainly to nursing and domestic salary increases and to the provision for the opening of additional wards in the course of the year. Increased support for 1944 will be essential if a deficit is to be avoided.

To those firms who have not contributed hitherto it is suggested that the minimum annual contribution of an industrial concern be calculated on the basis of 2s. per employee per annum, that is, a concern with an average of 500 employees should contribute not less than £50 per annum. Annual contributions for maintenance should be allowed as a charge against business profits for taxation purposes, as they will be paid wholly and exclusively for the benefit of the employees.

The Board has much pleasure in reporting the **Endowment** of the first bed in the Hospital by the **of Bed** workpeople of the Birmingham Small Arms Company. The Board feels that it is appropriate that in this Hospital, which sets out especially to serve the injured workman, the first bed should be endowed by contributions from workpeople themselves.

At the service of dedication, conducted by the Ven. Archdeacon H. McGowan, there was sung the well-

known hymn by Charles Kingsley, "From Thee all skill and science flow." This hymn was composed for and first sung at the opening of the out-patient department of the Queen's Hospital in 1873, and the building was for long known as the "workers' block" because a great part of the cost was defrayed by contributions from the workpeople in Birmingham.

#### Capital Appeal

The Capital Appeal was launched in 1942 with the object of raising an immediate sum of £20,000 and to provide over a period of years a further £30,000 for expenditure of a capital nature. By the 31st December, 1943, the sum of £14,325 had been raised and covenants for a further £5,823 (present tax assumed as 10s.), making a total in all of £20,148.

Whilst gratified with the result, the Board wishes to emphasize that the total sum required for the essential alterations and repairs will be at least £50,000, and an appeal for the remaining £30,000 will be issued when the new out-patient department is opened.

#### Legacies

The undernoted legacies have been received during the year :

	£	s.	d.
W. A. Albright, Esq. . . . .	70	0	0
Leonard Emanuel, Esq. . . . .	86	12	5

A legacy for £10,000 from Mr. A. E. Hills was intimated during the year ; this sum will be added to the Capital Account when received.

It should be made clear that if it is desired to benefit this Hospital by way of a bequest, it is essential that the name of the Hospital be mentioned in the will by its proper title : "The Birmingham Accident Hospital and Rehabilitation Centre."

#### New Members of the Board

During the year Mr. J. B. Leather, M.A., M.B., B.C., F.R.C.S., representing the Birmingham United Hospital, joined the Board in place of Dr. T. L. Hardy. Mr. H. E. Jackson, of I.C.I. (Metals), Limited, was co-opted.

#### B.B.C. Broadcast

At the invitation of the B.B.C. a report of the work of the Hospital was transmitted to the Pacific in June.

#### Thanks to Staff

Finally, the Board wishes to express its great appreciation of the excellent work carried out by Mr. William Gissane, the Clinical Director and Surgeon-in-Chief, and the whole of the Medical, Nursing, Administrative and Technical Staffs of the Hospital during this difficult period.

C. G. SPRAGG, *Chairman.*

# STATISTICS

For the Year ended December 31st, 1943

Total number of New Accident Cases treated .....	20,769
Total number of Out-patient Attendances .....	145,926
Average daily Out-patient Attendances .....	477

## IN-PATIENTS AND \*DAY WARD CASES

### 1.—Beds :

(a) Average daily number available .....	135	
(b) Average daily number reserved for air raid casualties .....	16	
(c) Average daily number closed .....	75	
(d) Average daily complement .....		226
(e) Average daily number occupied by In-patients ..	111.6	
(f) Average daily number of Day Ward cases .....	7	
(g) Average daily number occupied .....		118.6

2.—Number of In-patients in the Hospital at the beginning of the year .....

107

3.—(a) Number of In-patients admitted during year .....

2,072

(b) Number of Day Ward cases during year .....

2,541

4.—Number of In-patients in the Hospital at 31st December .....

103

5.—Average number of Days each patient was resident .....

19.6

## OUT-PATIENTS

1.—Total number of new Out-patients (including 2,541 Day Ward cases) .....

18,697

2.—Total number of Out-patient attendances .....

99,600

## REHABILITATION DEPARTMENT

1.—Number of new patients treated .....

2,929

2.—Number of attendances .....

46,326

## SOCIAL SERVICE DEPARTMENT

(from 1st July, 1943)

1.—Total number of new patients interviewed by Almoners ..

1,552

2.—Number of In-patients interviewed by Almoners .....

674

\*Day Ward cases are patients admitted to a ward for anæsthetic, operation and recovery ; they are usually discharged within twenty-four hours.

# BALANCE SHEET

## LIABILITIES

1942			
£		£	£
	<b>I.—Creditors</b>		
4098	Tradesmen and Expenses .....	4669	
2272	Lloyds Bank, Ltd., Current Accounts.....	17636	
	Subscriptions, etc., received in advance .....	5275	
			27580
	<b>II.—Bed Endowment</b>		
—	Amount received from the Birmingham Small Arms Hospital and Institution Fund.....		1500
	<b>III.—Capital Account (see notes below)</b>		
	Building Fund at December 31st, 1942.....	11370	
	Contributions during the year .....	2798	
	Legacies received during the year.....	157	
11370			14325
	<b>Notes</b>		
	(i) A further £5,823 (income tax assumed as 10s.) is receivable over a future period under Deeds of Covenant.		
	(ii) A legacy of £10,000 bequeathed by the late A. E. Hills will be added to the Capital Account when received.		
	(iii) There is an unascertained liability for work on alterations and additions not yet certified.		
<u>£17740</u>			<u>£43405</u>

at 31st December, 1943.

ASSETS			
1942			
£		£	£
	I.—Lloyds Bank, Ltd.		
7664	Building Fund .....	699	
38	Superannuation Scheme .....	68	
			767
	II.—Debtors		
977	Income Tax Recoverable.....	1170	
1450	Ministry of Health (estimated) .....	10592	
1138	Sundry Persons and Prepayments .....	1058	
			12820
5689	III.—Stocks of Unissued Stores in Hand.....		
3200	Less Stock Reserve .....	3200	
			3400
2489			
	IV.—Investment for Bed Endowment		
	3% Savings Bonds, 1960/70 at Cost.....		1500
	V.—Payments for Alterations and Additions		
3398	During 1942 .....	3398	
	„ 1943 .....	20622	
			24020
	VI.—Accumulated Deficit on Income and Expen-		
586	diture Account .....		898
£17740			£43405

C. G. SPRAGG, *Chairman.*  
W. LEONARD BARROWS, *Honorary Treasurer.*  
F. VINCENT EVERARD, *Chairman Finance Committee.*

REPORT OF THE AUDITORS TO THE MEMBERS OF THE  
BIRMINGHAM ACCIDENT HOSPITAL AND REHABILITATION  
CENTRE.

We have audited the Balance Sheet of the Birmingham Accident Hospital and Rehabilitation Centre, dated the 31st December, 1943, above set forth. We have obtained all the information and explanations we have required. In our opinion such Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Hospital's affairs, according to the best of our information and the explanations given to us, and as shown by the books of the Hospital.

10th February, 1944.

CARTER AND CO.,  
*Chartered Accountants,*  
BIRMINGHAM.

# INCOME AND EXPENDITURE ACCOUNT FOR

## INCOME

1942

£

£

£

### ORDINARY

#### I.—Voluntary Gifts

##### Subscriptions, etc.:

1869	From Private Persons, etc. ....	2463
17273	From Industry .....	17958
10000	From City of Birmingham .....	10000
—	From Hospital Sunday Fund .....	153
146	Box Collections .....	173
1392	Broadcast Appeal .....	—
142	Gifts in Kind .....	—
		30747

#### II.—Receipts on Account of Services Rendered

##### (1) Contributions on Account of Services to Patients:

16534	Birmingham Hospitals Contributory Association .....	11459
478	Patients .....	916
386	Road Traffic Act Receipts .....	421
784	Other Sources .....	561
		13357

##### (2) Other Receipts:

10047	Ministry of Health (estimated) .....	11628
—	Ministry of Health, per Birmingham Hospitals Contributory Association .....	1174
31	Sundry Receipts .....	31
		12833

59082	TOTAL ORDINARY INCOME .....	56937
-------	-----------------------------	-------

Less	Excess of Ordinary Expenditure over Ordinary Income for the year 1943 .....	
3417		4092

£55665	Carried Forward .....	£61029
--------	-----------------------	--------

# THE YEAR ENDED 31st DECEMBER, 1943.

1942	EXPENDITURE	
£		£
	<b>ORDINARY</b>	
6152	I.—Provisions .....	6231
	<b>II.—Surgery and Dispensary</b>	
574	Drugs, Chemicals, Disinfectants, etc. ....	932
1791	Dressings, Bandages, etc. ....	2321
1574	Instruments and Appliances ....	714
153	Appliances for Patients ....	225
952	X-ray Films and Materials ....	2159
11	Wines and Spirits ....	2
120	Sundries ....	299
5175		6652
	<b>III.—Domestic</b>	
	Renewal and Repair of Furniture, Bedding,	
1148	Crockery, etc. ....	840
1054	Laundry ....	1192
433	Cleaning and Chandlery ....	332
606	Water ....	531
6459	Fuel, Lighting, Heat and Power ....	6544
434	Uniforms ....	293
77	Sundries ....	60
10211		9792
	<b>IV.—Salaries and Wages (Maintenance)</b>	
5277	Medical ....	5770
10019	Nursing ....	10392
4894	Mechanics and Porters ....	5037
671	Dispensary Staff ....	739
3121	Domestic Servants ....	3376
2284	Other Officers and Employees ....	4440
26266		29754
£47804	Carried Forward .....	£52429

1942			
£		£	£
55665	Brought Forward	.....	61029

	£4390
Carried to Balance Sheet .....	898
	£898

# THE YEAR ENDED 31st DECEMBER, 1943.

1942			
£		£	£
47804	Brought Forward .....		52429
<b>V.—Miscellaneous</b>			
490	Printing, Stationery, Postages and Telephones	937	
312	Advertisements .....	296	
242	Insurance of Buildings, Equipment, Stores, etc.	284	
—	Garden .....	1	
146	Sundries .....	174	
1190			1692
<b>VI.—Administration</b>			
1766	Salaries .....	1861	
170	Printing, Stationery and Postages .....	229	
17	Advertisements .....	6	
126	Auditors' Fee .....	63	
87	Sundries .....	61	
1	Law Charges .....	—	
2167			2220
<b>VII.—Establishment</b>			
1298	Renewals and Repairs to Buildings and Plant..	1678	
984	Painters' Wages .....	1141	
749	A.R.P. Materials, Wages, etc. ....	219	
3031			3038
<b>VIII.—Finance</b>			
40	Interest .....	272	
897	Appeals .....	892	
274	Rates .....	294	
262	War Damage Insurance .....	192	
1473			1650
£55665	TOTAL ORDINARY EXPENDITURE .....	£61029	
Excess Ordinary Expenditure over Ordinary Income for 1943, brought forward .....			
			4092
Extraordinary Expenditure :			
	Ambulances .....	9	
	Convalescent Home .....	70	
	Photo Room Equipment .....	67	
	Mobile Unit .....	152	
			298
			£4390
Deficit on Income and Expenditure Account for 1943, brought down..			
			312
Accumulated Deficit to December 31st, 1942.....			
			586
			£898

# How to INCREASE YOUR SUBSCRIPTION at NO FURTHER COST to yourself

---

ANNUAL Subscribers to the Birmingham Accident Hospital, provided they pay Income Tax at the standard rate, may increase their subscription by signing a Deed of Covenant to subscribe for seven years.

This will cost the Subscriber no more, but will enable the Hospital to recover Income Tax on the subscription. Furthermore, if Sur-tax is payable, Subscribers are entitled to deduct the gross amount of the subscription from the Sur-tax return.

You are earnestly asked to give your consideration to this suggestion, and if you will, to fill in the form opposite and return it to the Secretary, Birmingham Accident Hospital, Bath Row, Birmingham, 15.

## EXAMPLE :

With Income Tax at 10s. 0d. in the £ a subscription of £1 1s. 0d. per annum is worth £2 2s. 0d. to the Hospital, i.e., an additional £1 1s. 0d.

Will you help us to claim all the shillings we can?

**AGREEMENT TO CONTRIBUTE TO THE  
BIRMINGHAM ACCIDENT HOSPITAL  
AND REHABILITATION CENTRE**

---

I, .....  
of .....

HEREBY COVENANT WITH THE BIRMINGHAM ACCIDENT  
HOSPITAL AND REHABILITATION CENTRE that for a period  
of seven years from the date hereof, or during my life, whichever  
period shall be shorter, I will pay annually to the said Hospital  
such a sum as will after the deduction of Income Tax leave in the  
hands of the said Birmingham Accident Hospital a net sum of  
£.....  
such sum to be paid from my general fund of taxed income so that  
I shall receive no personal or private benefit in either of the said  
periods from the said sum or any part thereof, AND I DECLARE  
THAT it is my desire that the said sum shall be used by the said  
Birmingham Accident Hospital for the general worth of the  
Hospital.

IN WITNESS whereof I have hereunto set my hand and seal  
this                      day of                      194

SIGNED, SEALED AND DELIVERED }  
by the said..... }  
..... }

in the presence of:

*Signature* .....

*Address* .....

.....

*Occupation* .....

# Form of Remittance for Donations or Subscriptions.

To THE SECRETARY,  
BIRMINGHAM ACCIDENT HOSPITAL AND REHABILITATION CENTRE,  
BATH ROW,  
BIRMINGHAM, 15.

I enclose herewith      Cheque      for £.....  
We      Postal Order

Donation      to the Maintenance Funds.  
as a Subscription

Name .....  
(Messrs., Mr., Mrs., or Miss)

Address .....



## PAPER RESTRICTION ORDERS

Under the Paper Restriction Orders Hospitals are prohibited from publishing lists of subscribers. Lists of donors to the funds of the Hospital have, however, been prepared, and these are available for inspection in the Secretary's Office during office hours.